

FILED MAR 17 1942
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Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(c) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 517
(d) Street No. 5960 Clemens Avenue (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALICE S. PETTES THOMPSON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Brady S. Thompson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 20 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 12 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name ELEAZER P. Pettes /
13. Birthplace Mass. /
(City, town, or county) (State or foreign country)
14. Maiden name Emily Atkins
15. Birthplace Mass. /
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Alice Thompson

(b) Address 5960 Clemens Ave.,

17. (a) burial (b) Date thereof Feb. 3/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd. St. Louis

19. (a) FEB 9 1942 (Date received local registrar) J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Part
fifteen 19 _____ to _____ 19 _____;
that I last saw h. alive on Jan 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of Cervix Duration _____
Due to _____

Due to HGA
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (2) Means of injury _____

23. Signature W. H. Bassett (M. D. or other) D. H. B.
Address 4500 Olive St. Date signed 2/4/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. E. M. Bassett
4500 Olive
HRS - 2 to 6 P.M.
FD = 3800

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.